

**PREA AUDIT REPORT**    ☐Interim   ☒Final  
**ADULT PRISONS & JAILS**

**Date of report:** 05/06/2016

<b>Auditor Information</b>			
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<b>Telephone number:</b> 417-425-0564			
<b>Date of facility visit:</b> April 4-6, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Logan Correctional Center			
<b>Facility physical address:</b> 1906 135 <sup>th</sup> St. P.O. Box 1000, Logan IL 62656			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> (217) 735-5411			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Margaret Burke			
<b>Number of staff assigned to the facility in the last 12 months:</b> 423			
<b>Designed facility capacity:</b> 2104			
<b>Current population of facility:</b> 1840			
<b>Facility security levels/offender custody levels:</b> Multi-level			
<b>Age range of the population:</b> 20-77			
<b>Name of PREA Compliance Manager:</b> Norine Ashley		<b>Title:</b> PREA Compliance Manger/Mental Health Mgr.	
<b>Email address:</b> norine.ashley@doc.illinois.gov		<b>Telephone number:</b> (217) 735-5581	
<b>Agency Information</b>			
<b>Name of agency:</b> Illinois Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> 1301 Concordia Court, Springfield, IL 62794-9277			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> 217-558-2200			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> John R. Baldwin		<b>Title:</b> Acting Director	
<b>Email address:</b> john.baldwin@doc.illinois.gov		<b>Telephone number:</b> 217-55-2200	
<b>Agency-Wide PREA Coordinator</b>			
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## **AUDIT FINDINGS**

### **NARRATIVE**

The on-site visit to conduct a Prison Rape Elimination Act compliance audit of the Logan Correctional Center, Illinois Department of Corrections was conducted April 6-8, 2016. The standards used for this audit became effective August 20, 2012. Prior to the onsite audit, the facility submitted the Pre-Audit Questionnaire for Adult Prisons & Jails and provided supporting documentation for the responses in the questionnaire.

When the auditor first arrived at the facility, a meeting was held with the Warden, the Assistant Warden, Assistant PREA Coordinator, PREA Compliance Manager and Assistant PREA Compliance Manager to explain the audit process. At the conclusion of the entrance meeting, a tour of the facility was conducted and included the facility's intake, housing units, segregation housing unit, health care areas, mental health care unit, reception and classification center, recreation, food service, education and programming areas. The facility has 249 cameras located throughout as well as mirrors to assist in alleviating blind spots. It should be noted that Logan is staffed sufficiently to ensure the safety of both offenders and staff on each shift. Male employees were observed to announce their presence when entering an area housing female offenders. Signage indicating that a male was on the unit was observed to be posted in the entrance to each housing unit. Informal conversations and formal interviews with employees and offenders regarding the PREA standards were conducted during the tour. Postings regarding PREA reporting and the agency zero tolerance policy for sexual abuse and sexual harassment were observed prominently displayed in all housing units, common areas and throughout the facility. PREA audit notices were prominently displayed throughout the facility.

Thirty-one randomly selected offenders were interviewed during the audit. Of those interviewed, six reported to have disclosed victimization during risk screening and four identified with being lesbian. None reported being placed in segregated housing for risk of sexual victimization who allege to have suffered sexual abuse. The offenders interviewed were of various ages and ethnic backgrounds. Twenty-three randomly selected staff (from all shifts-male and male) were interviewed. In addition, specialized staff interviews consisted of the Warden, Assistant Warden, Facility PREA Compliance Manager; intermediate and higher level staff; Medical and mental health staff; Human Resources staff; volunteers and contractors; Investigative staff; staff who perform screening for risk of victimization and abusiveness; Segregation staff; Incident Review Team members; the Retaliation Monitor; first responders and Intake staff. Written answers to the interview questions were received from the Director, PREA Coordinator and Contract Administrator.

The auditor concluded through interviews, the examination of policy and documentation and interviews with staff, contractors and volunteers, that all were knowledgeable concerning their responsibilities involving the PREA.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The mission statement and vision of the Illinois Department of Corrections is to protect the public from criminal offenders through a system of incarceration and supervision, which securely segregates offenders from society, assures offenders of their constitutional rights and maintains programs to enhance the success of offenders' re-entry into society. It is the mission of the Logan Correctional Center to provide appropriate custodial care and a continuum of programs and services for the female offender in a safe and humane environment. The center's goal is to address the special needs of the female offender, as well as provide education, vocational, and industrial-based programming that will enhance and support skill building within an entrepreneurial approach. The center's mission is to provide independence for the female offender and her dependents.

Logan Correctional Center (LCC) is an adult female institution located in Lincoln, IL approximately 30 miles north of Springfield. LCC was originally constructed in 1920 as a mental health facility and converted to an adult correctional center in December of 1977. In March of 2013, Logan converted to a multi-security level female facility. LCC houses maximum, medium and minimum-security offenders and serves a multifaceted population consisting of reception and classification, segregation, protective custody and mental health units as well as a state-of-the-art medical facility designated to provide care to pregnant and critically or terminally ill female offenders.

Logan Correctional Center sits on 150 acres with 57 acres enclosed by a security fence. The majority of the 61 buildings used at LCC were constructed prior to the facility becoming an adult prison with the exception of the 448 bed X-House (Reception and Classification), the Health Care Unit/Infirmary, and the Dietary building. The X-house was constructed in 1995 and the HCU/Dietary buildings were constructed in 2005. Logan's living units consist of seven E-style units, three C-style units, one X-house, a segregation unit and a 15-bed infirmary health care unit.

The average age of offender at Logan is 37 years old. The average length of stay is 24 months. The Logan Correctional Center employs 237 staff, 39 contractors and uses the services of 77 volunteers to assist in facility programs. The population during the audit was 1017. The facility has an operational population capacity of 1019. The facility does not house males or youthful offenders less than 18 years of age. On average, 45% of the population is Caucasian and 45% is Black with 10% other (Hispanic, Asian or Native American). Nearly 60% of Logan's population is incarcerated for a low-level crime causing 45% of the population to be incarcerated for less than 12 months and 64% to be incarcerated for less than 2 years. Nearly 70% of Logan's population is currently receiving mental health services with one-third of those being designated as seriously mentally ill.

The prison has undergone no significant expansions, modifications, or upgrades since the initial construction. The LCC had previously been accredited by the American Correctional Association, but that status had expired due to financial considerations.

The health care unit serves the offender population by addressing all medical, dental and mental health needs, with licensed professionals. Offenders with on-going health problems are assigned to chronic clinics, which assures proper monitoring and treatment of their medical needs. Programming and services offered by facility mental health professionals includes individual and group counseling. Medical care is provided twenty-four hours a day, seven days per week. Outside medical and emergency care is available at Decatur Memorial Hospital of Decatur, Illinois, which is approximately 30 miles from the facility.

Offenders are provided work assignments that include Food Service, Mechanical Services, Health Services, Education/Recreation, Laundry and unit orderlies. Offenders are offered opportunities to participate in educational programs such as ABE (Adult Basic education), Pre-GED and GED (General Education Development). Offenders are provided the opportunity to participate in the practice of their faith and access to leisure and law libraries as well as a wide variety of recreational programs.

The auditor concluded, through interviews and the examination of policy and documentation, that all staff were knowledgeable concerning their responsibilities involving PREA. Staff were able to describe in detail their specific duties and responsibilities, including being a "first responder", if an allegation of sexual abuse or sexual harassment were made. During the interviews, offenders stated that staff were respectful and that they felt safe at the facility. Staff were observed to be interacting with offenders in a positive and helpful manner.

## **SUMMARY OF AUDIT FINDINGS**

When the on-site audit was completed, an exit meeting was held with the Warden, the Assistant Warden, Assistant PREA Coordinator, PREA Compliance Manager and Assistant PREA Compliance Manager, to discuss audit findings. The facility was found to be fully compliant with the PREA. The auditor had been provided documentation prior to and during the audit for review to support a conclusion of compliance to the PREA. Staff interviews also supported compliance. Staff were found to be courteous, cooperative and professional. All interviewed offenders stated that they felt safe at the facility. At the conclusion of the audit, the auditor thanked the Logan Correctional Center staff for their work and dedication to the PREA compliance process.

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 1

### **Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Administrative Directive (AD) 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; Institution Directive (ID) 04.01.301, Offender Sexual Assaults-Prevention and Intervention; IDOC memorandums and a facility organizational chart meet the mandates of this standard. The agency's zero tolerance against sexual abuse is established and the policy outlines the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment allegations. In addition to the facility PREA Compliance Manager, there is a designated agency PREA Coordinator to ensure adherence to the PREA. The facility PREA Compliance Manager is the Mental Health Administrator and is assisted by the Health Care Unit Administrator in overseeing the PREA program. The facility PREA Compliance Manager reports to the Warden. Zero tolerance posters were observed throughout the institution. Institution staff and offenders are provided with a variety of opportunities to be aware of the PREA program and the facility's zero tolerance towards sexual abuse and sexual harassment. Staff receive initial in-service training and annual training (cycle training). Both the agency PREA Coordinator and facility PREA Compliance Manager indicated they have sufficient time and authority to coordinate efforts to comply with PREA standards. Staff interviews confirm compliance to this standard.

### **Standard 115.12 Contracting with other entities for the confinement of offenders**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The agency meets the mandates of this standard. A review of the documentation and an interview with the PREA Coordinator confirmed the IDOC requires other entities (the Safer Foundation) contracted with for the confinement of offenders to adopt and comply with the PREA standards. The state contractual agreements have been modified to incorporate the language requiring the contractor to adopt and comply with PREA standards. The auditor reviewed the State of Illinois Standard Contract for Confinement of Offenders, which mandates that the Vendor comply with the PREA of 2003 and the National Standards to prevent, detect and respond to prison rape as contained in 28 CFR, part 115.

### **Standard 115.13 Supervision and monitoring**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and the agency and facility organizational charts meet the mandates of this standard. Interviews with the Warden and Human Resource Manager revealed compliance with the PREA and, that the elements listed in the standard, as well as other safety and security issues are always a primary focus when they consider and review their respective staffing plan. There are 249 cameras located throughout the facility. Video monitoring systems are considered at staffing meetings and requests for additional equipment has been submitted for various monitoring devices to be purchased and installed, but funds have not been allocated to expand facility-monitoring resources. Sufficient staff are currently assigned to each shift to ensure the safety of both offenders and staff. The facility reviews the staffing plan at least annually and the staff complement is adequate. There have been no reported instances where the staffing plan was not in compliance. Documentation of unannounced rounds covering all shifts by administrative staff was reviewed. Interviews with higher-level facility staff and a review of documentation confirmed unannounced rounds to all areas of the institution are conducted on a weekly basis, with no warning to staff.

#### **Standard 115.14 Youthful offenders**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Not Applicable. The Logan Correctional Center does not house youthful offenders.

#### **Standard 115.15 Limits to cross-gender viewing and searches**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

IDOC AD 04.03.104, Evaluation of Offenders with Gender Identity Disorders; AD 05.07.101, Reception and Orientation – Adult Process; LCC ID 04.03.104, Evaluations of Offenders with Gender Identification Disorders; Warden's Bulletin, Knock and Announce Policy; Director's Memo titled Limits to Cross-Gender Viewing and Title 20-Illinois Administrative Code address the requirements of the standard. Cross-gender strip or cross-gender body cavity searches are prohibited, except in emergencies or when performed and documented by a medical practitioner. Staff have received cross-gender pat search training as indicated by a review of training documents. There has been no

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cross gender strip or visual body cavity searches by non-medical staff in the past year. Staff have been trained to conduct strip searches of transgender and intersex offenders in a respectful and professional manner, and may not conduct a search to determine their genital status. The auditor observed each unit has shower stalls with curtains for privacy purposes. Offenders and staff stated offenders are allowed to shower, dress and use the toilet privately, without being viewed by staff of the opposite gender. Observation of the shower and toilet facilities confirmed these statements. Male staff are required to announce their presence when entering the female housing unit(s) or activity areas by stating "male on unit" or an equivalent phrase. This action was described during interviews with staff and offenders, and observed by the auditor. The facility is compliant with this standard.

#### **Standard 115.16 Offenders with disabilities and offenders who are limited English proficient**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

AD 04.01.111, ADA Accommodations; AD 04.01.105, Facility Orientation; AD 03.01.305 Americans with Disabilities Act; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 05.07.101, Reception and Orientation; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention; the PREA Offender Orientation Insert; American Sign Language Video Remote Interpretation Procedure; DR 475 ADA Grievance Procedure, local memos and the Offender Handbook address the mandates of this standard. LCC takes appropriate steps to ensure offenders with disabilities and offenders with limited English proficiency have an opportunity to participate in and benefit from the facilities efforts to prevent, detect and respond to sexual abuse and sexual harassment. PREA handouts, bulletin board postings and offender handbooks are in both English and Spanish. The above-mentioned documents were submitted to and reviewed by the auditor. Telephonic translation services are available through a language service. Staff interviewed were well aware of the policy that under no circumstance are offender interpreters or assistants to be used when dealing with PREA issues. A review of documentation and interviews with staff and offenders support compliance to this standard.

#### **Standard 115.17 Hiring and promotion decisions**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

AD 03.02.100, Administrative Review of Personnel Issues and AD 01.02.107, Background Investigation address the requirements of the standard. All employees, contractors and volunteers who have regular contact with offenders have criminal background checks completed by the IDOC's Background Investigations Unit prior to having contact with offenders. The facility continuously monitors the background of employees through the computer criminal history check using the Law Enforcement Agencies Data System (LEADS). A tracking system is in place to ensure that the IDOC is informed of any employee arrests. Interviews with the Human Resources Manager and a review of policies and documentation indicated that the agency will not hire or promote a staff member, or enlist the services of any contractor or volunteer who may have contact with offenders, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated

by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity. The facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders.

#### **Standard 115.18 Upgrades to facilities and technologies**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Logan Correctional Center has submitted a request for additional monitoring equipment (cameras). Compliance with PREA standards was considered in making this request.

#### **Standard 115.21 Evidence protocol and forensic medical examinations**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention; AD 01.12.112, Preservation of Physical Evidence; AD 01.12.120, Investigations of Unusual Incidents and LCC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention address the requirements of the standard. The agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions as described in the U.S. Department of Justice Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents". Correctional and Health Services staff were interviewed concerning this standard and all were knowledgeable of the procedures required to secure and obtain usable physical evidence, when sexual abuse is alleged. Staff were aware the Internal Affairs Investigator conducted investigations relative to sexual abuse allegations. The current established facility protocol mandates that all forensic medical examinations be conducted by a SANE/SAFE (Sexual Abuse Nurse Examiner/Sexual Abuse Forensic Examiner) nurse at St. John's Hospital, Springfield, IL. The medical facility has SAFE/SANE forensic/nurse examiners on staff. The examinations are performed without cost to the offender. Rape crisis services are available through Prairie Casa. There is no Memorandum of Understanding on file, but written correspondence is on file from the Prairie Casa organization, acknowledging a partnership with the facility and reflecting their commitment to ensuring quality and comprehensive services to those offenders affected by sexual abuse. Qualified Mental Health Professionals are also on staff at the facility to provide victim advocacy services. Administrative investigations are conducted by trained investigators who are full time employees at the facility. When required, the facility investigators refer sexual abuse investigations to the Illinois State Police, who follow the requirements of the standard. The Memorandum of Understanding clearly clarifies the responsibilities of both entities; the IDOC will investigate inmate-on-staff and inmate-on-inmate sexual assaults and the ISP will conduct investigations involving staff-on-staff and staff-on-inmate sexual assaults. The review of training records supported the finding that investigators at LCC have received training on the investigation of sexual abuse and harassment in confinement settings. There has been no SAFE/SANE examinations conducted during the past 12 months.



## Standard 115.22 Policies to ensure referrals of allegations for investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

AD 01.12.120, Investigations of Unusual Incidents; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 01.12.101, Employee Criminal Conduct and Illinois State Police (ISP)/Illinois Department of Corrections Memorandum of Understanding meet the mandates of this standard. When required, the facility investigators refer sexual abuse investigations to the Illinois State Police, who follow the requirements of the standard. The Memorandum of Understanding clearly clarifies the responsibilities of both entities; the IDOC will investigate offender-on-staff and offender-on-offender sexual assaults and the ISP will conduct investigations involving staff-on-staff and staff-on-offender sexual assaults. When there is substantial evidence that a criminal act has taken place, the case would be referred to the State's Attorney for possible prosecution. Administrative and criminal investigations are completed on all allegations of sexual abuse/harassment and facility investigators are trained in conducting sexual assault investigations in confined settings/prisons. There have been 63 sexual abuse allegations made during the past 12 months. Of the 63 cases, 16 involved staff on offender allegations of sexual abuse, two are pending investigation by an outside source, two have been forwarded to the State's Attorney Office for prosecution, four were unsubstantiated and eight were unfounded. The remaining 47 offender on offender sexual abuse allegations investigations resulted in 2 allegations being substantiated, 14 unsubstantiated and 29 unfounded. Two of the four staff with allegations of sexual abuse of an offender have been removed from contact with the offenders claiming sexual abuse, pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The remaining two staff alleged to have engaged in sexual abuse no longer work at the facility. The departure of the two alleged abusers from the employment or control of the facility/agency did not stop the investigation from going forward according to a review of documentation and interviews with the Warden and the investigator. A review of documentation and staff interviews confirmed compliance to this standard.

## Standard 115.31 Employee training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

AD 03.03.102, Employee Training; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention; PREA Cadet/PSOT Training; PREA Training Power Point Presentation; Annual Cyclic Training and "Roll Call" instruction meet the mandates of this standard. Newly hired employees (two were interviewed) receive extensive training relative to PREA standards at their initial training at the Academy. All staff are also mandated to receive training annually (cycle), and the curriculum includes PREA requirements. In addition to reviewing the training curriculum, training sign-in sheets and other related documentation, staff interviewed indicated they were required to acknowledge, in writing, not only that they received PREA training, but that they understood it as well. A review of documentation and staff interviews confirmed compliance to this standard. The Logan Correctional Center is compliant with this standard.

### Standard 115.32 Volunteer and contractor training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; IDOC Volunteer/ Contractor Training (A Guide for the Prevention and Reporting of Sexual Abuse with Offenders); Volunteer Service Orientation Checklist and Wexford PREA Training meet the mandates of this standard. All contractors and volunteers have received PREA training, to include the agency's zero-tolerance policy, reporting and responding requirements. The training is documented and copies of training sign-in sheets and other related documents were reviewed by the auditor. Interviews were conducted with two contract staff and one volunteer, which revealed that they received the appropriate training. A review of documentation and staff interviews confirmed compliance to this standard.

### Standard 115.33 Offender education

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

AD 05.07.101, Reception and Orientation-Adult Process; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention; IDOC 0291, Offender Orientation Training; PREA Posters (English and Spanish); Offender handbook; IDOC PREA Fliers and Orientation Video Bullet Points meet the mandates of this standard. Offenders receive information during the intake process that includes a PREA handout and Offender Handbook, printed in both English and Spanish. There are PREA posters throughout the facility and in each housing unit, and a PREA "Report Line" telephone number, which may be called to report sexual abuse or sexual harassment, is posted on the unit bulletin boards. The IDOC mailing address is also posted in each housing unit for offenders to write to, concerning any sexual abuse or sexual harassment allegation. There is a language line available for limited English proficient offenders. The auditor reviewed a random sampling of admission and orientation checklists to verify those offenders admitted during the auditing period received Sexual Assault/Sexual Abuse Prevention & Intervention education and relevant written materials. All offenders were required to acknowledge in writing they completed PREA education. A review of documentation and staff/offender interviews confirmed compliance to this standard.

### Standard 115.34 Specialized training: Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

AD 01.12.115, Institutional Investigative Assignments, Academy Investigator Training and Pathlore Printout Investigator Training meet the mandates of this standard. Trained investigators who are full time employees at the facility conduct administrative investigations. When required, the facility investigators refer sexual abuse investigations to the Illinois State Police, who follow the requirements of the standard. Facility investigators have received PREA specialized training related to the investigation of sexual abuse and sexual harassment in a confinement setting. A standard protocol is used to complete all investigations. This auditor reviewed the specialized training documentation on file. A review of documentation and staff interviews confirmed compliance to this standard. The training curriculum was reviewed and contains all required items identified in the standard.

### **Standard 115.35 Specialized training: Medical and mental health care**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

AD 03.03.102, Employee Training; AD 04.04.100, General Provisions; AD 04.04.102, Suicide Prevention and Intervention Emergency Services and AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program address this standard. The facility has full-time medical and mental health care staff on site. A review of training records confirmed that health care staff (contract and state employees) receive PREA training and have a duty to report when they have knowledge of sexual abuse/assault, even when disclosed in the course of a health care encounter. Contract health care staff have received training via the Wexford Health Overview of 2003 PREA and Implementation presentation. All medical and mental health care practitioners have been trained on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Forensic medical examinations are conducted by SANE/SAFE staff at a local hospital. A review of documentation and staff interviews confirmed compliance to this standard.

### **Standard 115.41 Screening for risk of victimization and abusiveness**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 05.07.101, Reception and Orientation; AD 04.03.104, Evaluations of Offenders with Gender Identity Disorders; DOC form 0494, Screening for Potential Sexual Victimization or Sexual Abuse; LCC ID 04.01.301, Offender Sexual Abuse and Harassment - Prevention and Intervention; DOC 0372 Mental Health Screening form; and DOC 0379 Evaluation of Suicide Potential form address the requirements of the standard. All offenders are assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other offenders or sexually abusive toward other offenders. The screening is conducted by a mental health professional while in a reception facility and the form is again completed when the offender arrives at LCC. The screening routinely occurs within 24 hours of the offender's arrival but not more than 72 hours after the offender's arrival at the facility. As confirmed by observation of the screening tool, the assessments are conducted using an objective screening instrument that includes obtaining the following information:

- (1) Whether the offender has a mental, physical or developmental disability;
- (2) The age of the offender;
- (3) The physical build of the offender;
- (4) Whether the offender has previously been incarcerated;
- (5) Whether the offender's criminal history is exclusively nonviolent;
- (6) Whether the offender has prior convictions for sex offenses against an adult or child;
- (7) Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- (8) Whether the offender has previously experienced sexual victimization;
- (9) The offender's own perception of vulnerability; and if offenders housed at this facility are or are not detained solely for civil immigration purposes.

The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing offenders for risk of being sexually abusive. The review of screening documentation for over 25 random offenders confirmed that the initial screenings and 30-day follow up screening for victimization and predatory behavior are conducted. An offender's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. Offenders are not disciplined for refusing to answer or for not disclosing complete information during the screening. Controls are in place to ensure that information received during the screening is only available to staff with a need to know and never to other offenders.

#### **Standard 115.42 Use of screening information**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 04.03.104, Evaluations of Offenders with Gender Identity Disorders and DOC form 0494, Screening for Potential Sexual Victimization or Sexual Abuse meet the mandates of this standard. Risk screening information is used by classification personnel, counselors and the housing lieutenant/assignment officer, to inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. Agency policy and institution procedures require the use of a screening instrument (reviewed by auditor) to determine proper housing, bed assignment, work assignment, education and other program assignments, with the goal of keeping offenders at high risk of being sexually abused/sexually harassed separate from those offenders who are at a high risk of being sexually abusive. Housing and program assignments are made on a case-by-case basis and offenders are not placed in housing units based solely on their sexual identification or status. Interviews with risk management staff also support the finding that the facility complies with this standard. An interview with the Agency PREA Coordinator indicated that when determining whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the agency considers, on a case-by-case basis, whether a placement would ensure the offender's health and safety, and whether the placement would present management or security problems. Policy requires that the placement and programming assignments for each transgender or intersex offender will be reassessed at least twice each year. Transgender or intersex offender's own views with respect to his own safety are given serious consideration. Transgender and intersex offenders are provided the opportunity to shower separately from other offenders.

The facility does not currently house any transgender or intersex offenders.

#### **Standard 115.43 Protective custody**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Title 20 Illinois Administrative Code, Protective Custody; IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and LCC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program address the requirements of the standard. Offenders at high risk for sexual victimization are not placed in involuntary segregated housing, unless an assessment of all available alternatives has been made and there is no available means of separating the offender from the abuser. Access to programs, privileges, education and work opportunities are not limited to offenders placed in a special housing unit for the purposes of protective custody. Should any restrictions apply, the facility documents the privileges that were limited, the rationale for the limitation and the duration of the limitations. Policy requires that offenders will be reassessed at least once every 30 days, after being placed in the segregation unit. There were no offenders at risk of sexual victimization held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. Additionally, there were no offenders at risk of sexual victimization assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement. There were no offenders in protective custody status during the time of the audit. Staff interviews and an examination of policy confirmed compliance to this standard.

#### **Standard 115.51 Offender reporting**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

IDOC AD 01.12.105, Reporting Unusual Incidents; LCC ID 01.12.105, Reporting Unusual Incidents; Offender Request form; Offender Handbook (and inserts) and the IDOC PREA MOU with the John Howard Association address the requirements of the standard. The agency provides multiple internal ways for offenders to report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. Offenders may verbally or in writing report such incidents to staff; file a routine or emergency grievance; call the toll free PREA Report Line or write the John Howard Association or the IDOC. The John Howard Association is a private entity and is not connected with the IDOC. Offenders at LCC are not detained solely for civil immigration purposes. Staff accepts reports made verbally, in writing, anonymously, and from third parties and promptly documents any form of reporting. Staff can privately report sexual abuse and sexual harassment of offenders to the John Howard Association, a private entity, not associated with the IDOC. Offenders are informed about the reporting methods through the handbook, postings in the housing units and common areas and as part of the orientation video. All offenders and staff who were interviewed were aware of multiple methods of reporting sexual abuse and harassment concerns.

#### **Standard 115.52 Exhaustion of administrative remedies**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Title 20 Illinois Administrative Code; AD 04.01.114, Local Offender Grievance Procedure and IDOC 0046, Offender Grievance Form (English and Spanish) governs the mandates of this standard. The agency and facility have policy and procedures addressing grievance procedures. Agency and Institution Directives regarding grievance procedures state that there is no time frame for filing a grievance relating to sexual abuse or harassment. The agency does not require an offender to use an informal grievance process, or to attempt to resolve with staff, an alleged incident of sexual abuse. Offenders who allege sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and the grievance is not referred to a staff member who is the subject of the complaint. The agency issues a final agency decision on the merits of any portion of a grievance alleging sexual abuse within two months of the initial filing of the grievance. The offender may appeal the decision within 30 days of receiving the final decision. There is no prohibition that limits third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, to assist offenders in filing requests for administrative remedies (grievances) relating to allegations of sexual abuse, and are permitted to file such requests on behalf of offenders. Agency and IDs address the filing of an emergency grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging an offender is subject to a substantial risk of imminent sexual abuse, the facility immediately forwards the grievance to the Warden for review, at which time immediate corrective action may be taken. Policy does not prohibit the agency from disciplining an offender for filing a grievance related to alleged sexual abuse, where the agency demonstrates that the offender filed the grievance in bad faith. Interviews with offenders indicated a clear understanding of the grievance process.

#### **Standard 115.53 Offender access to outside confidential support services**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention (Attachment B); MOU Between IDOC/John Howard Association; the PREA Report Line and the Offender Handbook (English and Spanish) meet the mandates of this standard. No offenders housed in this facility are detained solely for civil immigration purposes. The John Howard Association acts as an anonymous reporting conduit between offenders and the IDOC. If contacted, the local rape crisis center (Prairie Casa) would also advise LCC of a PREA violation (confirmed through a telephone interview with the Victim Advocate), and provide services as needed. Offenders may also contact IDOC staff through the PREA Report Line. The facility enables reasonable communication between offenders and these organizations in as confidential a manner as possible. However, offenders are informed as part of the orientation process that all telephone calls are subject to monitoring and recording. Monitoring notices are also posted in each unit. The Offender Handbook outlines the steps on how to report PREA violations and who to report to, and where to report, along with the PREA Report Line telephone number. Staff and offender interviews confirmed compliance to this standard.

#### **Standard 115.54 Third-party reporting**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Offender Handbook and IDOC Website: <https://www.illinois.gov/idoc/programs/Pages/PrisonRapeEliminationActof2003.aspx> meets the mandates of this standard. The website and posted notices assist third party reporters on how to report allegations of sexual abuse. Interviews with both staff and offenders revealed they were aware of the procedures for third party reporting. Notices are also posted in the Visiting Room (observed by auditor).

#### **Standard 115.61 Staff and agency reporting duties**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

IDOC AD 03.02.108, Standards of Conduct; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention; AD 01.12.105, Reporting Unusual Incidents and Title 20 Illinois Administrative Code, Rules of Conduct address the requirements of the standard. Staff interviewed were well aware of their duty to immediately report all allegations of sexual abuse and harassment and retaliation relevant to PREA standards. Staff interviews and a review of policy confirmed compliance to this standard. The facility does not house offenders under the age of 18.

#### **Standard 115.62 Agency protection duties**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention meet the mandates of this standard. Staff interviewed were well aware of their first responder duties and responsibilities, as it relates to them having knowledge of an offender being at imminent risk for being sexually abused or sexually harassed.

Staff interviewed stated their duties and responsibilities if they were aware of an inmate being sexually abused or harassed and they would act immediately to protect the inmate. Staff are issued a pocket PREA guide outlining all actions to be taken. The staff stated they would separate inmates, secure the scene and protect possible evidence, not allow inmates to destroy possible evidence and contact their supervisor and medical staff. In the past 12 months there were no inmates determined to be subject to substantial risk of imminent sexual abuse. Staff interviews and a review of policy confirmed compliance to this standard.

#### **Standard 115.63 Reporting to other confinement facilities**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program address this standard. Policy requires the reporting of any PREA related allegation by an offender that occurred at another facility. Policy requires the Warden where the inmate is currently being housed notify the Warden where the inmate was previously housed within 72 hours after being notified. The policy requires an investigation be immediately initiated. This standard was verified by reviewing policy and interviewing the Warden and the Investigator. All allegations regarding sexual abuse/harassment received from other facilities have been investigated. During the past 12 months, two offenders alleged that they were sexually abused while at another facility prior to their arrival at LCC. LCC staff reported the allegations to the facilities for investigation within the required period.

#### **Standard 115.64 Staff first responder duties**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and AD 01.12.112, Preservation of Evidence addresses the mandates of this standard. All staff interviewed were knowledgeable concerning their first responder duties and responsibilities, upon learning of an allegation of sexual abuse or sexual harassment. Staff indicated they would separate the offenders, secure the scene, would not allow offenders to destroy any evidence, contact the shift supervisor and refer the offender to medical and psychology staff. No first responder actions relevant to this standard have been required within the last year. Policy dictates that a member of the security staff shall be promptly notified, if the first responder is other than security staff. A review of policy and staff interviews confirmed compliance to this standard.

#### **Standard 115.65 Coordinated response**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)



- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention and LCC ID 04.01.301, Offender Sexual Abuse and Harassment - Prevention and Intervention policy provide detailed guidance to employees regarding the expected coordinated actions to take place in response to an incident of sexual abuse/harassment among staff first responders, medical and mental health practitioners, investigators, community providers/advocates and facility leadership. Interviews with staff confirmed that they were knowledgeable regarding their responsibilities in the coordinated response process.

#### **Standard 115.66 Preservation of ability to protect offenders from contact with abusers**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The agency's current collective bargaining agreement (CBA) with the American Federation of State, County and Municipal Employees was entered into on July 2012, prior to the adoption of these standards. The CBA is currently being renegotiated. The current agreement does not prohibit the agency from removing alleged staff sexual abusers from contact with any offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Interviews with the Warden and the agency PREA Coordinator indicated that the collective bargaining agreement does not hamper the agency's commitment to protect offenders through any disciplinary action of a staff member, including reprimand, suspension, demotion, discharge or otherwise discipline employees with proper cause. The facility currently has four cases involving alleged sexual abuse by staff on inmate. Two of the cases are currently being investigated by an outside source and two have been forwarded to the State's Attorney Office for prosecution. Two of the four staff have been removed from contact with the offenders claiming sexual abuse, pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The remaining two staff alleged to have engaged in sexual abuse no longer work at the facility. The departure of the two alleged abusers from the employment or control of the facility/agency did not stop the investigation from going forward according to a review of documentation and interviews with the Warden and investigative officer. A review of documentation and staff interviews confirmed compliance to this standard.

#### **Standard 115.67 Agency protection against retaliation**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion**

**must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention; LCC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention; AD 03.01.310 Sexual Harassment; DOC 0498, PREA Retaliation Monitor Form-Offender and DOC 0499, PREA Retaliation Monitor Form-Staff meet the mandates of this standard. Policies prohibit any type of retaliation to any offender or staff member who have reported sexual abuse, sexual harassment or has cooperated with such investigations. The Assistant Warden (AW) is the designated staff member that monitors the conduct or treatment of offenders and/or staff members who have reported sexual abuse to insure any type of retaliation does not occur. The retaliation monitoring program in place includes periodic status checks for offenders or the provision of monitoring beyond 90 days, if there is a continuing need. The review includes but is not limited to disciplinary reports, housing, program changes and facility transfers for the offender and negative performance reviews and job assignments for staff. DOC 0498 is used to document periodic status checks, protection measures employed, concerns reported by the offender and whether the monitoring will be continued past the initial 90 days. Additionally, DOC 0499 is used to document the concerns reported by the staff member, protective measures employed and whether the monitoring will be continued past the initial 90 days. Policy outlines the protection measures available and requires the prompt remediation of any type of retaliation. There have been no incidents of retaliation occurring within the previous 12 months. Staff interviews and an examination of policy and retaliation forms confirmed compliance to this standard.

#### **Standard 115.68 Post-allegation protective custody**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Title 20 Illinois Administrative Code, Protective Custody; IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and LCC ID 04.01.301, Offender Sexual Abuse and Harassment - Prevention and Intervention address the requirements of the standard. Offenders who allege to have suffered sexual abuse are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. To the extent possible, access to programs, privileges, education and work opportunities are not limited to offenders placed in a special housing unit for the purposes of protective custody. Current policy also mandates that the placement would only be continued until an alternative means of separation can be provided, and such placement in segregation shall not ordinarily exceed a period of 30 days. There were no offenders placed in involuntary segregation status for any duration during this rating period. Interviews with staff indicated that the facility would document the reasons for restricting access and the length of time the restriction would last.

#### **Standard 115.71 Criminal and administrative agency investigations**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Title 20 Administrative Code, DR Part 112, Internal Investigation; AD 01.12.101, Employee Criminal Misconduct and AD 01.12.120, Investigations of Unusual Incidents address the mandates of this standard. The facility promptly, thoroughly and objectively conducts its own investigations into allegations of sexual abuse and sexual harassment, including third party and anonymous reports. Interviews with facility investigators and a review of training documentation indicated they have received the necessary special training in sexual abuse investigations. Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence, and any available electronic monitoring data. Interviews are conducted with the alleged victim, suspected perpetrator and potential witnesses. The trained investigators also review prior complaints and reports of sexual abuse involving the suspected perpetrator. When the quality of evidence appears to support criminal prosecution, the agency conducts compelled interviews only after consulting with the State Attorney's Office to determine whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as offender or staff. The agency does not require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Substantiated allegations that appear to be criminal are referred for prosecution. The agency retains all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. If the staff member alleged to have committed sexual abuse terminates employment prior to the investigation being completed or victim/alleged abuser leaves the facility prior to the completion of the investigation, the investigation is not terminated, but pursued until a finding is obtained. When the investigation is completed by the Illinois State Police, per the established MOU, the facility cooperates with outside investigators and the Warden or lead investigator serves as the liaison between the two agencies, to remain informed about the progress of the investigation. There have been 63 sexual abuse allegations made during the past 12 months. Of the 63 cases, 16 involved staff on offender allegations of sexual abuse, two are pending investigation by an outside source, two have been forwarded to the State's Attorney Office for prosecution, four were unsubstantiated and eight were unfounded. The remaining 47 offender on offender sexual abuse allegations investigations resulted in 2 allegations being substantiated, 14 unsubstantiated and 29 unfounded. Two of the four staff have been removed from contact with the offenders claiming sexual abuse, pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The remaining two staff no longer work at the facility. The departure of the two alleged abusers from the employment or control of the facility/agency did not stop the investigation from going forward according to a review of documentation and interviews with the Warden and investigative officer. These two cases have been forwarded to the State Attorney Office. A review of documentation and staff interviews confirmed compliance to this standard.

#### **Standard 115.72 Evidentiary standard for administrative investigations**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention and ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention address the requirements of the standard. A review of training documents and interviews with the facility Internal Affairs Investigator indicated that the facility and agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. A review of training documents indicated that the investigators have received the necessary special training in sexual abuse investigations.

#### **Standard 115.73 Reporting to offenders**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 01.12.120, Investigation of Unusual Incidents; local policy and the PREA Investigations Finding Notifications Memo address the mandates of this standard. The agency has a policy requiring that any offender who makes an allegation that she suffered sexual abuse at the LCC is informed, verbally or in writing, whether the allegation has been determined to be unsubstantiated, substantiated or unfounded, at the conclusion of the investigation (unless unfounded involving staff). There were 63 investigations during the past year and all offenders were notified in writing of the results. Interviews with staff and offenders and a review of documentation confirms compliance of this standard.

#### **Standard 115.76 Disciplinary sanctions for staff**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 03.01.120, Employee Review Hearing; AD 03.01.310, Sexual Harassment; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention; AD 01.12.120 Investigations of Unusual Incidents; DR 120 and Standards of Conduct and Agency Brochure: Custodial Sexual Misconduct-Socialization Prevention address the mandates of this standard. Interviews with the Human Resource Manager and Warden confirmed that employees are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of LCC policies relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Policy requires reporting to relevant licensing bodies when applicable. The facility currently has four sexual abuse allegations involving staff on offender that is under investigation by an outside source. Two of the four staff with allegations of sexual abuse have been removed from contact with the offenders claiming sexual abuse pending the outcome of the investigation or of a determination of whether and to what extent discipline is warranted. The two remaining cases of staff sexual abuse of an offender are no longer employed by the agency. The cases have been investigated and forwarded to the State's Attorney's Office for prosecution. The departure of the two alleged abusers from the employment or control of the facility/agency did not stop the investigation from going forward. The facility is following the mandates of the standard and is in compliance.

#### **Standard 115.77 Corrective action for contractors and volunteers**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

IDOC AD 03.01.310, Sexual Harassment; AD 01.12.120, Investigations of Unusual Incidents; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention and ID 04.01.122, Volunteer Services address the mandates of this standard. Contractors or volunteers who engage in sexual abuse are prohibited from contact with offenders and are reported to law enforcement agencies and to relevant licensing bodies, unless the activity was clearly not criminal. Interviews with the Warden indicated that the facility would take appropriate remedial measures, and consider prohibiting further contact with offenders, in the event of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. There have been no cases of contractors/volunteers reported to have engaged in an act of sexual abuse with an offender. Staff interviews confirmed compliance to this standard.

#### **Standard 115.78 Disciplinary sanctions for offenders**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Title 20 Illinois Administrative Code—Administration of Discipline for Offenders Identified as Seriously Mentally Ill; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention and the Offender Handbook address the mandates of this standard. Offenders found guilty of an administrative finding or criminal finding of offender-on-offender sexual abuse are subject to disciplinary sanctions pursuant to a formal disciplinary process. Disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories. The disciplinary process considers whether an offender's mental disabilities or mental illness contributed to the offender's behavior when determining what type of sanction, if any, should be imposed. If mental disabilities or mental illness is a factor, the facility considers the offer of therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse. The agency may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation. The agency prohibits all sexual activity between offenders and disciplines offenders for such activity. The agency does not find consensual sex between offenders to constitute sexual abuse, but considers such behavior to be a violation of policy. Staff interviews confirm compliance to this standard.

#### **Standard 115.81 Medical and mental health screenings; history of sexual abuse**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific**

### **corrective actions taken by the facility.**

Title 20 Illinois Administrative Code—Administration of Discipline for Offenders Identified as Seriously Mentally Ill; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention and the Offender Handbook and IDOC form 0372 Mental Health Screening Form address the mandates of this standard. Interviews and a review of intake screening documents supports the finding that screening for prior sexual victimization is conducted by mental health professionals during in-processing procedures. If the screening indicates the offender experienced prior sexual victimization, the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days. Follow-up meetings with mental health providers routinely occur within 72 hours of the initial screening. In-processing procedures also screen for previous sexual assaultive behavior in an institutional setting or in the community. Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff on a need-to-know-basis for treatment plans, security, housing, work, program assignments and management decisions. Medical and mental health practitioners attempt to obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting. The facility does not house offenders under the age of 18. All information is handled confidentially. Interviews with staff and review of supporting documentation support a finding that the facility complies with this standard.

### **Standard 115.82 Access to emergency medical and mental health services**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

IDOC ADs 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program; 04.04.100 General Provisions; ID 04.01.301 Offender Sexual Assaults-Prevention and Intervention and corresponding local policy/directives address the mandates of this standard. Information concerning treatment and access to care is offered immediately to all offender victims, as clinically indicated. The treatment is offered at no financial cost to the offender. All emergency decisions and care provided would be fully documented. Policy requires that offender victims of sexual abuse would be offered access to information on sexually transmitted infections prophylaxis. Follow up mental health services and follow up testing for sexually transmitted diseases are provided. Interviews with staff, a SANE nurse from the local hospital and a Victim Advocate support a finding that the facility complies with this standard. Reviewed documentation also supports compliance to this standard.

### **Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention address the mandates of this standard. The facility offers medical and mental health evaluation and as

appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims includes appropriate evaluation, treatment and follow-up services. The facility would arrange for referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The facility has fully staffed medical and mental health departments and offers sexual abuse/harassment victims with medical and mental health services consistent with the community standard of care. Offender victims of sexual abuse while incarcerated are offered testing for sexually transmitted infections as medically appropriate. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Mental health evaluations are conducted on all known offender-on-offender abusers within 30 days of learning of such abuse history. Treatment is offered for abusers when deemed appropriate by mental health practitioners. The facility does not house youthful or male offenders. A review of documentation and interviews with medical/mental health staff support the finding that the LCC complies with this standard.

#### **Standard 115.86 Sexual abuse incident reviews**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention and an August 2015 Memo Designating Incident Review Team Members address the mandates of this standard. The incident review team consists of administrative staff appointed by the Warden. The team conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The incident review occurs within 30 days of the conclusion of the investigation. The review team addresses all items identified in the standard and a report is prepared by the PREA Compliance Manager for the Warden. The facility implements the recommendations for improvement, or documents its reasons for not doing so. Documentation for any recommendation not implemented is maintained. A review of documentation and staff interviews confirmed compliance to this standard.

#### **Standard 115.87 Data collection**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; PREA FY 2015 Annual Compliance Report; PREA Checklist and the PREA After-Action Checklist address the mandates of this standard. Observation and review of documentation support the finding the Illinois Department of Corrections has collected accurate, uniform data for every allegation of sexual abuse at facilities under its direct control, using a standardized instrument and set of definitions. The incident-based data collected includes data required to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency data has been aggregated at least annually for the last two years. Interviews with the PREA Coordinator and a review of policy indicated that upon request, the agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30.

#### **Standard 115.88 Data review for corrective action**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention address the mandates of this standard. The Administrative Directive and Institution Directive were effective July 1, 2015, which is after the June 30 deadline for reporting. The July 1, 2015 policy requires the agency to collect and review data from all facilities in the State and to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, to include identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. Policy requires the report to be published on the IDOC website and includes a comparison of the current year's data and corrective actions with those from prior years. Additionally, the report provides an assessment of the agency's progress in addressing sexual abuse. At the time of the onsite audit, the facility had published aggregated statistical data regarding sexual abuse and sexual harassment in IDOC facilities for the prior fiscal year.

#### **Standard 115.89 Data storage, publication, and destruction**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program addresses the mandates of this standard. The data is retained in a secure filing system. The final report does not contain any personal identifiers and policy requires that the statistical data be retained for a period of no less than 10 years, unless federal, state or local law requires otherwise. The agency makes the information available on the IDOC website. The reports cover all data required in the elements of this standard.



## AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any offender or staff member, except where the names of administrative personnel are specifically requested in the report template.



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Auditor Signature

May 6, 2016

Date